

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

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	IND.	DEP.	IND.	DEP.	IND.	DEP.

1	1		1			
2		1				
3		1		1		
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TOTAL IND.		2			
TOTAL DEP.		9			
TOTAL CLAIMS		11			

TOTAL IND.					
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TOTAL CLAIMS					